



STATE OF MARYLAND

DHMH

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Public Health & Emergency Preparedness Bulletin: # 2009:31 Reporting for the week ending 08/08/09 (MMWR Week #31)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

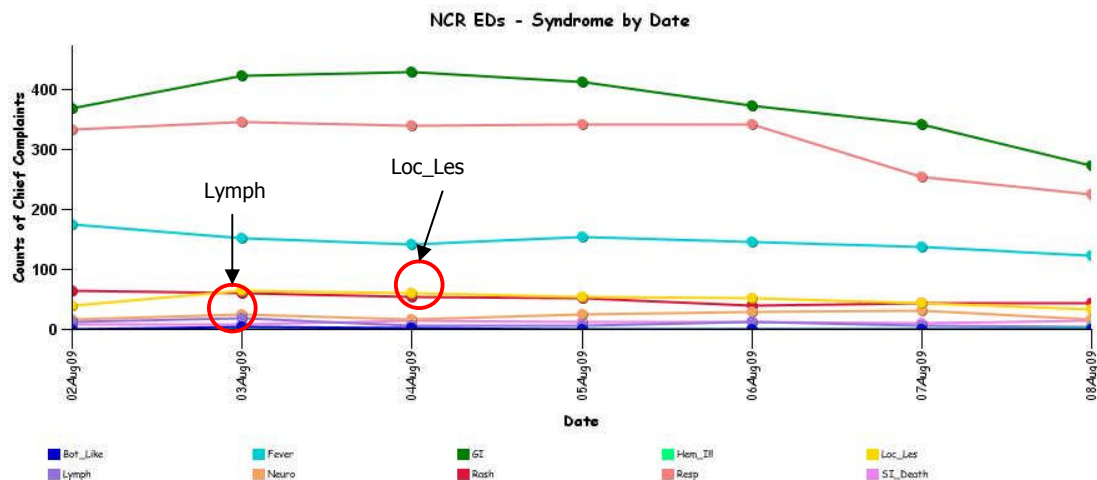
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

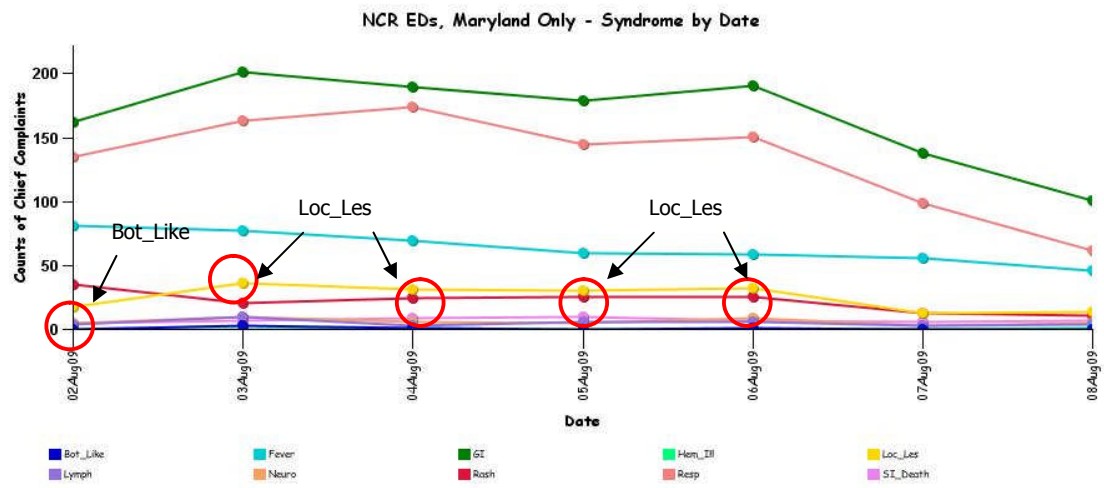
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

****Data for graph of NCR EDs is not complete due to technical issues.**

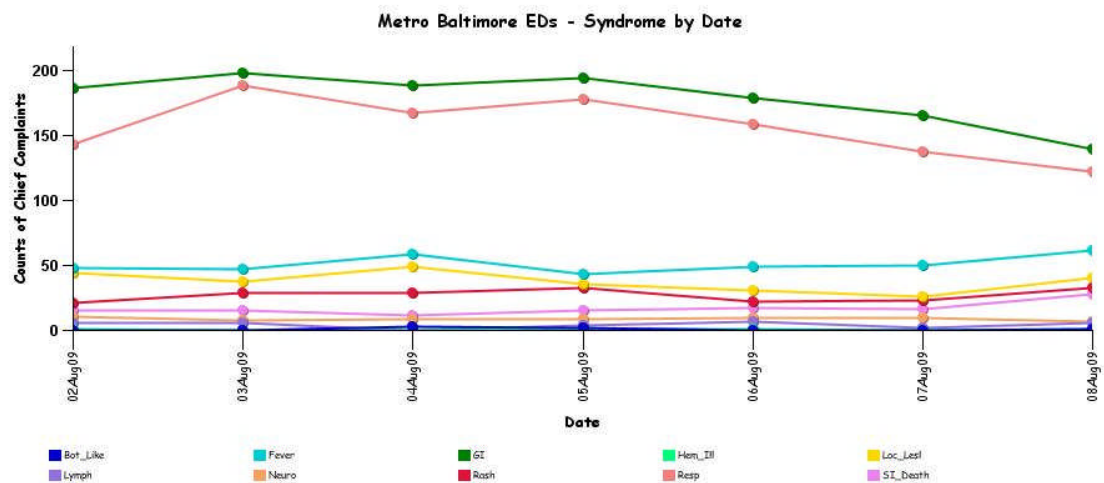


* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.

****Data for graph of NCR EDs, Maryland Only is not complete due to technical issues.**



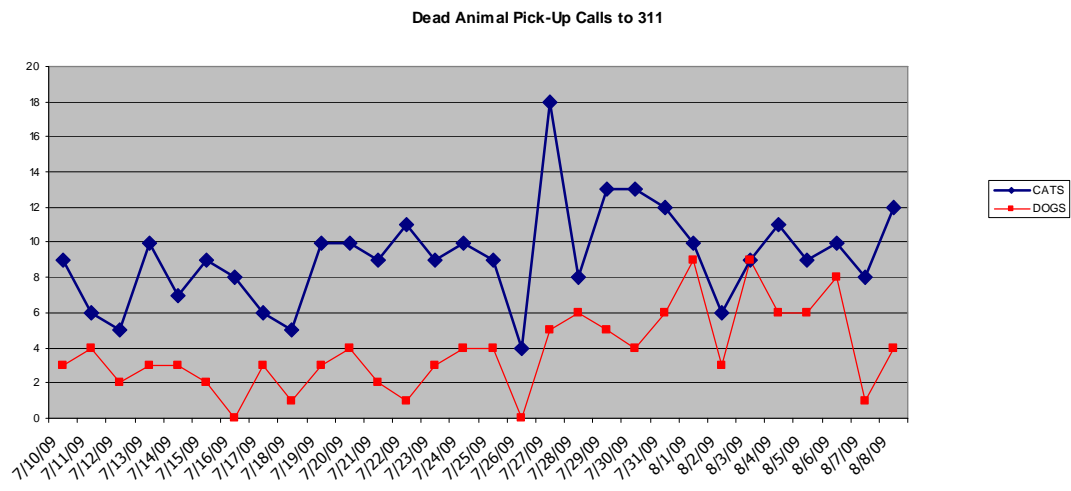
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

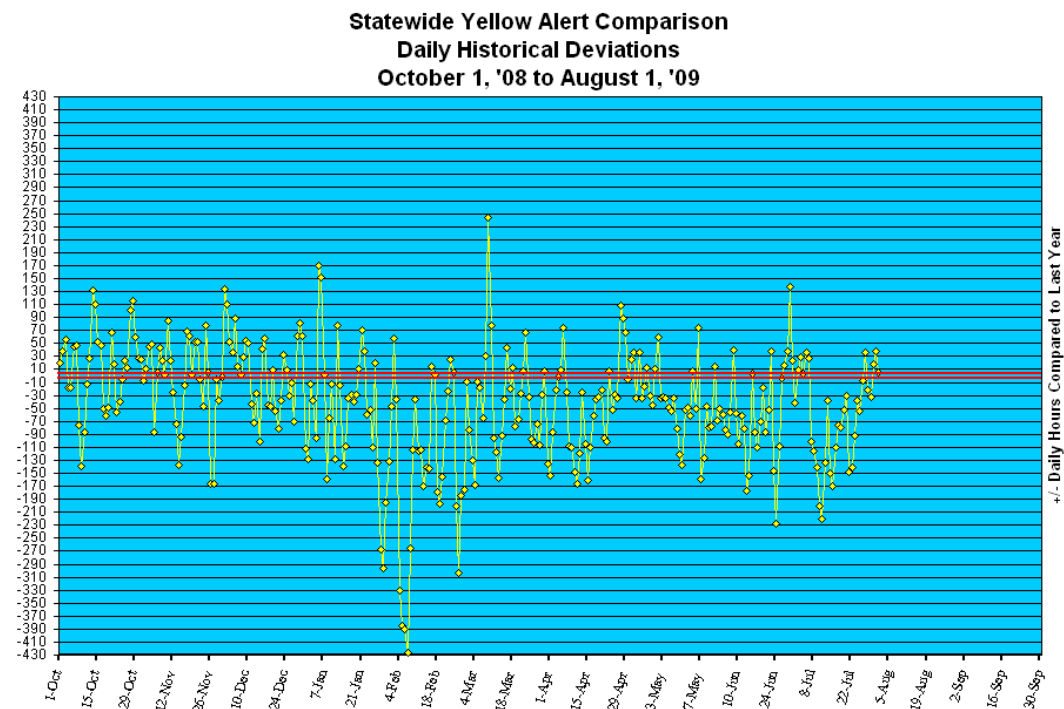
**** Red Alerts are not indicated on this graph.**

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2009 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Aug 02- Aug 08, 2009):	10	0
Prior week (July 26 – Aug 01, 2009):	19	0
Week #31, 2008 (July 27 – Aug 02, 2008):	20	0

OUTBREAKS: 7 outbreaks were reported to DHMH during MMWR Week 31 (August 2 - 8, 2009):

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with a Camp

5 Respiratory illness outbreaks

1 outbreak of INFLUENZA associated with a Camp

1 outbreak of INFLUENZA associated with a Hospital

1 outbreak of PNEUMONIA/ILI associated with a Nursing Home

1 outbreak of PERTUSSIS associated with a Restaurant

1 outbreak of LEGIONELLOSIS associated with Travel

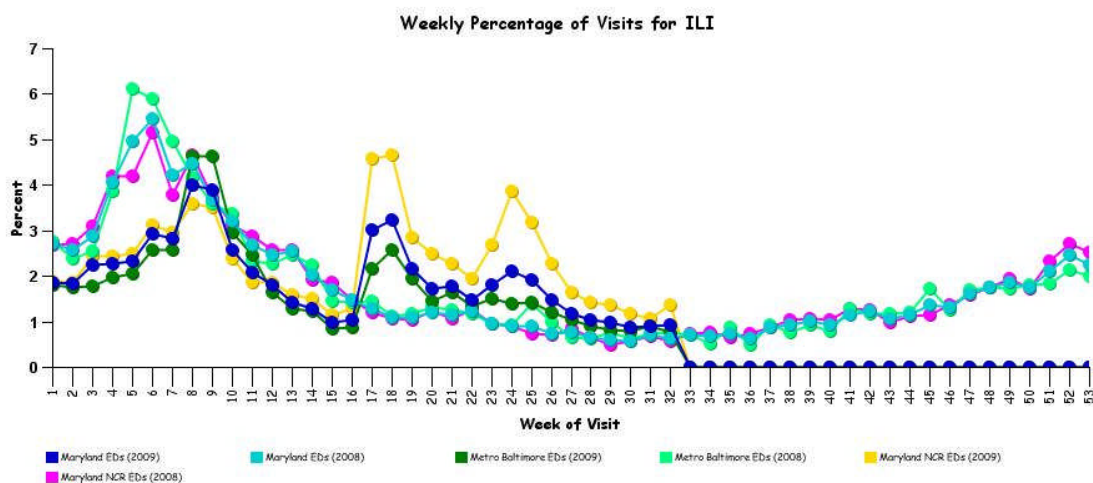
1 Rash illness outbreak

1 outbreak of CHICKENPOX associated with a Daycare

MARYLAND INFLUENZA STATUS: Influenza activity in Maryland for Week 30 is LOCAL.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



*Graph shows proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

PANDEMIC INFLUENZA UPDATE:

WHO Pandemic Influenza Phase: Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

**More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

AVIAN INFLUENZA-RELATED REPORTS:

WHO update: As of July 01, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 436, of which 262 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

AVIAN INFLUENZA (H7N9), TURKEY (USA-MINNESOTA): 08 Aug 2009, A turkey flock in south central Minnesota has been tested positive for the H7N9 strain of avian influenza. The birds in a commercial flock located in Meeker County, Minnesota, appear healthy and show no sign of infection. The poultry on the premises have been quarantined by the Minnesota Board of Animal Health. The State Board of Animal Health has also established a surveillance zone around the operation. BAH Assistant Director and Minnesota Poultry Testing Laboratory Director Dr. Dale Lauer says this development should serve as a reminder to all involved with animal agriculture the need to be vigilant in observing the strictest possible biosecurity to protect our animals. Officials say the H7N9 avian influenza virus is different from the one that's caused problems in birds and humans mostly in Asia, and that the virus isn't a threat unless it mutates. Officials add bird flu in domestic poultry is not unusual and it's still safe to eat Minnesota turkey.

AVIAN INFLUENZA, HUMAN (INDONESIA): 08 Aug 2009, A 15-year-old female resident of Pulesari Kecamatan Tembuku, Bangli, was rushed to Sanglah hospital, on Wednesday evening [5 Aug 2009] after several chickens belonging to her family were found suddenly to have died. According to the information, the victim had contact with the dead chickens when burying them. She developed fever and flu symptoms after that. Worrying about the girl's condition, the patient's parent took her to Sanglah hospital. On Thu 6 Aug 2009, the Health Service and Livestock Service officers of Bangli investigated the victim's surroundings and found positive H5N1 in the dead chickens using a rapid test. Subsequent to this finding, the Livestock Service culled all remaining chickens belonging to victim's family.

H1N1 INFLUENZA (Swine Flu):

INFLUENZA PANDEMIC (H1N1), AUSTRALIA AND UNITED KINGDOM, UPDATES: 06 Aug 2009, Interim analysis of pandemic influenza (H1N1) 2009 in Australia: surveillance trends, age of infection and effectiveness of seasonal vaccination. Between May and September each year, influenza sentinel surveillance is conducted in general practices in Melbourne and the state of Victoria in southern Australia. We describe the 1st 11 weeks of sentinel surveillance in 2009 (weeks 18-28), during which time pandemic influenza (H1N1) 2009 virus became established, and investigate the protective effect of seasonal influenza vaccine against laboratory-confirmed infection caused by the pandemic virus. At the time of reporting, the peak influenza-like illness (ILI) activity in 2009 had been reached and was similar to the peak recorded in 2007 but below the peak of 2003. The proportion of cases positive for any influenza virus increased from 6 percent in the 1st week of surveillance (week 18) to 59 percent by week 28, during which time the proportion of influenza viruses detected as pandemic influenza increased from zero to 95 percent, with at least 91 percent of all influenza viruses confirmed as pandemic influenza by the 8th week of surveillance (week 25). The median age of all 223 patients with pandemic influenza for whom age was known was 21 years (range 2-63 years) compared with the median age of 53 patients with seasonal H1N1 influenza in 2007 or 2008 of 23 years (range 1-75 years). There was no evidence of significant protection from seasonal vaccine against pandemic influenza virus infection in any age group.

INFLUENZA PANDEMIC (H1N1) GLOBAL UPDATE: 05 Aug 2009, Health officials raised the alarm about a strain of swine flu that is resistant to the Tamiflu treatment as the virus claimed more lives on Tuesday [4 Aug 2009], with Viet Nam reporting its 1st fatal case. India and South Africa both reported their 1st deadly cases of the A(H1N1) virus late Monday [3 Aug 2009]. Maria Teresa Cerqueira, head of the Pan-American Health Organization office in La Jolla, California, said a Tamiflu-resistant mutation of A(H1N1) [the Influenza pandemic (H1N1) 2009 virus] had been found around the US-Mexico border in El Paso and close to McAllen, Texas. Experts had gathered in La Jolla, California, on Monday to discuss responses to the outbreak, and warned that resistant strains were likely emerging because of overuse of antivirals like Tamiflu. Cases of A(H1N1) that were resistant to the anti-viral medicine have now been found in the United States, Canada, Denmark, Hong Kong and Japan. As the northern hemisphere autumn approaches and with it the onset of seasonal flu, the WHO is working with drug companies to ensure vaccines to cope both with H1N1 and seasonal flu will be available. WHO spokeswoman Fadela Chaib said the agency hoped to give an update on its vaccine plans later this week. Leading flu vaccine makers include Sanofi-Aventis, Novartis, Baxter, GlaxoSmithKline and Solvay. Novartis has

started human testing of H1N1 swine flu vaccine candidates while Sanofi-Aventis, the world leader in flu shots, will commence within days, company officials said on Tuesday [4 Aug 2009]. The launch of clinical trials is a key part of a widening program of work being undertaken by big pharmaceutical companies as they prepare for mass vaccination from next month. GlaxoSmithKline, the other "big 3" flu vaccine supplier, said it would initiate clinical studies later this month. Healthcare officials are relying on a vaccine to contain the spread of disease, providing a potential sales windfall for those companies that are able to deliver quickly and in large volume. Australia's CSL has so far been the fastest commercial operator, after starting its 1st clinical trials in Australia 2 weeks ago. Now others are catching up. "We started a little over a week ago," Novartis spokesman Eric Althoff said by telephone from Basel. Benoit Rungeard, product communications director for Sanofi Pasteur, the vaccines division of the French drug maker, told Reuters his company would start "in the coming days or next week." Althoff said Swiss-based Novartis was conducting its clinical trials in a number of countries, including the United States, Britain and Germany, and was testing both single and booster, or repeat, doses of vaccines. Novartis, in common with other manufacturers, will also compare vaccines with and without adjuvants -- ingredients that boost the immune system response. AstraZeneca, whose MedImmune unit makes smaller amounts of a flu vaccine that is sprayed into the nose rather than injected, said it would start clinical trials in the United States around 17 Aug 2009. Meanwhile, a Taiwanese biotech company on Tuesday [4 Aug 2009] started mass production of a swine flu vaccine before even completing clinical trials, in a bid to get a jump before the start of the winter flu season. Adimmune Corp, the island's only human vaccine manufacturer, said it was starting production at its plant in central Taichung. The company is due to deliver 5 million doses of A(H1N1) influenza vaccine before the end of October [2009], according to the purchase contract it has signed with the government, said deputy CEO and president Ignatius Wei. The company says it has completed some animal trials of the vaccine, but will only begin human trials in September -- sparking criticism about the risks of manufacturing an as-yet unproven product. But Huang Li-min, a doctor at National Taiwan University Hospital who will oversee the human trials, says Adimmune is taking a calculated risk. "They have to do so... they are racing against time," Huang told AFP, referring to the upcoming start of flu season. "There may be a risk for the company, but the risk is small to an experienced company," he said.

INFLUENZA PANDEMIC (H1N1), CHINA AND TAIWAN, CO-CIRCULATING H3N2: 02 Aug 2009, Taiwan announced 2 more cases of influenza virus on Friday [31 Jul 2009]. One is down with the H1N1 swine flu [influenza pandemic (H1N1) 2009] virus, and the other is infected as influenza A virus subtype H3N2. As of Friday [31 Jul 2009], Taiwan has 6 cases of H1N1 and 2 H3N2 cases. The [Taiwan] Center for Disease Control said that Taiwan is faced with threats of 2 flu types. The center said among the 6 H1N1 cases, one has died. In addition, the center said that in the month of July [2009] alone, there had been 10 cases of H1N1 cluster infections. There are at least 58 confirmed cases of H1N1. The deputy director-general of the center, Lin Ting, said that since most of the infected are men in their 30s, these men are being considered possibly for receiving the vaccines as well. Head of the physical education department of the education ministry Wang Jun-chuan said on Friday [31 Jul 2009] that schools have the right to decide whether to stop classes if cases were to appear in schools. "We have been in touch with the [Taiwan] Centers of Disease Control. If a school were to have one infected case, we have agreed that the school can discuss with the county government and the health department about whether to stop classes for up to 7 days. But if the situation is serious, this can be extended to 10 days. Secondly, if the county happens to have more than 2 cases in a school or a case of cluster infection, then the health department can decide for all schools in the district or nearby region to be shut down," said Wang. Head of Taiwan's Health Department Yeh Jin-chuan will be traveling to Hong Kong in August to discuss the pandemic with Hong Kong officials.

Resources:

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmv.maryland.gov/swineflu/>

NATIONAL DISEASE REPORTS

BOTULISM, AVIAN (NEVADA): 08 Aug 2009, Jasmine McCarty of Sun Valley got quite a shock Friday [31 Jul 2009] morning during a visit to Tegli's Paradise Park in northeast Reno, Nevada. She said she and 3 of her grandchildren, ages 4, 6 and 7, found about a dozen ducks lying dead near the edge of the park's large pond. "It was freaky," McCarty said. "Poor little ducks. It upset 6-year-old grandson Christopher so bad, he threw up." Concerned and unsure what caused the ducks' demise, McCarty called 911 to report the dead fowl. Washoe County Regional Animal Services interim field supervisor Bobby Smith said he dispatched a sergeant to Paradise Park to clean up the area. "Apparently it looks like botulism," Smith said. "NDOW (Nevada Department of Wildlife) and their vet were notified, the U.S. Department of Fish and Game were notified," he said. "It's their jurisdiction, they do the testing and all that, and I'm just waiting to hear as to what exactly has happened." Nevada Department of Wildlife spokesman Chris Healy said scenes like the one McCarty and her grandchildren found Friday morning are not uncommon during the summer when water gets warm and stagnant. "This time of year, avian botulism happens," Healy said. Avian botulism, which does not infect humans, is a paralytic disease caused by the ingestion of a toxin produced by a bacterium, according to the National Wildlife Health Center. "This has been going on around here for a long time," said Healy, who's been with the department 24 years. "A duck eats some kind of dead organism and dies. Then its carcass infects the other ducks. This is a fairly common thing." Although the duck carcasses picked up at Paradise Park Friday still need to be tested to confirm avian botulism, Healy said recent high temperatures had him expecting the kind of outbreak McCarty witnessed. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, SEROTYPE NEWPORT, GROUND BEEF, ALERT, RECALL (USA): 06 Aug 2009, Beef Packers, Inc., a Fresno, California, establishment, is recalling approximately 825 769 pounds [375 tonnes] of ground beef products that may be linked to an outbreak of salmonellosis, the US Department of Agriculture's Food Safety and Inspection Service (FSIS) announced today [6 Aug 2009]. The ground beef products were produced on various dates ranging from 5 Jun 2009 through 23 Jun 2009 and bear the establishment number "EST. 31913" printed on the case code labels. The ground beef products were distributed to retail distribution centers in Arizona, California, Colorado, and Utah. Because these products were repackaged into consumer-size packages and sold under different retail brand names, consumers should check with their local retailer to determine whether they may have purchased any of the products subject to recall. As a result of an ongoing investigation into an outbreak of *Salmonella* [enterica_ serotype] Newport associated with ground beef products, the Colorado Department of Public Health and Environment (CDPHE) notified FSIS of the situation. Epidemiological and trace back investigations conducted by FSIS and CDPHE determined that there is an association between the fresh ground beef products and illnesses reported in Colorado. The illnesses were also linked through the epidemiological investigation by their uncommon pulsed-field gel electrophoresis (PFGE) pattern found in PulseNet, a national network of public health and food regulatory agency laboratories coordinated by the Centers for Disease Control and Prevention. FSIS would like to remind consumers of the importance of following food safety guidelines when handling and preparing raw meat. Ground beef should be cooked to a safe minimum internal temperature of 160 deg F [71 deg C]. This particular strain of *S.* Newport is resistant to many commonly prescribed drugs, which can increase the risk of hospitalization or possible treatment failure in infected individuals. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, BOVINE (SOUTH DAKOTA): 03 Aug 2009, Anthrax has been confirmed in South Dakota for the 1st time this year [2009]. A total of 5 yearling calves were lost in a herd of 250 unvaccinated animals in Corson and Dewey Counties. Anthrax is a very serious quarantinable disease because it can cause the rapid loss of a large number of animals in a very short time. Often, animals are found dead with no illness detected. Strict enforcement of quarantines and proper burning and burying of carcasses from cattle suspected to have died from anthrax is important to prevent further soil contamination with the bacterial spores. Producers should consult their veterinarians and vaccinate their livestock, if deemed appropriate. "It would make good sense to continue to vaccinate cattle and other livestock in the area for the next several years," states Dr. Dustin Oedekoven, State Veterinarian. Dr. Oedekoven reports that anthrax spores survive indefinitely in contaminated soil and that much of South Dakota has the potential of experiencing an outbreak. Significant climate change, such as drought, floods, and winds can expose anthrax spores to grazing livestock. Alkaline soils, high humidity and high temperatures present conditions for anthrax spores to vegetate and become infectious to grazing livestock. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

TULAREMIA, FELINE (UT): 02 Aug 2009, The Southwest Utah Public Health Department is investigating the recent confirmation of tularemia found in some cats in the Kanab area. Tularemia, sometimes called "rabbit fever," is an illness caused by the bacteria *Francisella tularensis* and is often spread by deer flies and ticks or exposure to the blood of infected animals. "People can be infected by tularemia, but it cannot be spread from person to person," says Lisa Starr, SWUPHD communicable disease nurse. "Since this disease was found in domestic cats, we want to inform the public of its presence and how to avoid infection." The symptoms of tularemia include flu-like illness such as sudden fever, body aches and coughing. If the infection is caused by an insect bite or a cut, it usually results in a skin ulcer and swollen glands. The risk of getting tularemia is often associated with skinning infected rabbits or eating rabbit meat that is not cooked well. People can help prevent infection by :

- Reducing insect bites by wearing protective clothing and using repellents containing DEET.
- Search for ticks often and remove attached ticks immediately.
- Do not handle sick or dead animals.
- Wear gloves when skinning or handling animals, especially wild rabbits.
- Stay away from stray cats. (Tularemia is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

EASTERN EQUINE ENCEPHALITIS, EQUINE (GEORGIA): 02 Aug 2009, A total of 2 confirmed and several suspected cases of Eastern equine encephalitis, a deadly disease in horses that is transferred through mosquito bites, have been found in the Tift area during the past week [27-31 Jul 2009]. "We've had 2 calls that were really bad. One horse broke through his fence and was running through a trailer park very disoriented, convulsing, and had to be put down. It was really sad. The next day, we got a call on a horse down on the opposite side of the county. We thought he had colic but he ended up going through the same thing," said Regenia Wells, director of the Tifton-Tift County Animal Shelter. Equine encephalitis is a virus endemic to the bird population but is transferred to horses through the bite of mosquitoes. Horses are considered a "dead-end" host and cannot pass the virus on to other horses or humans. Angie McDaniel, a veterinarian at Branch's Veterinary Clinic, said clinical signs of equine encephalitis include severe depression characterized by an unwillingness to eat or drink; ataxia, a weakness in the hind limbs; confusion, circling or stumbling; and head-pressing, a behavior that involves the animals walking up to fences or trees and putting their heads against it. "Eastern equine encephalitis, which is what we are seeing at this time, is about 90 percent fatal. It's so dangerous because there is no real treatment; that's why it's so important to have your animal vaccinated," McDaniel said. The vaccination can be administered in foals as young as 3 months old as a 2-part shot. "After their 1st vaccination, we recommend that horses be vaccinated twice a year, or 3 times during an outbreak. It's a wonderful preventative," McDaniel said. Wells said that Tift County has stepped up its mosquito spraying schedule and that she notifies county staff about areas of concern regarding animals. (Viral Encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

ANTHRAX, BOVINE (FRANCE): 08 Aug 2009, A total of 15 cattle and 2 horses died of anthrax in several communes of the canton de La Rochette (Savoie), where an outbreak of this disease was found at the end of last week in 11 farms. The latest episodes of anthrax were found in the Savoie in the Valley d'Huile in 1997 and in the Bauges in 2000. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

HEMORRHAGIC FEVER (TAJIKISTAN): 08 Aug 2009, A total of 3 residents of the Tursunzoda District, some 60 kilometres [37.3 miles] west of Dushanbe, have died of hemorrhagic fever, Asia-Plus has learned from Azamjon Mirzoyev, Deputy Health Minister and Tajikistan Head Sanitary Physician. The Deputy Minister said that the victims were 2 brothers, aged 50 and 47, from the village of Ziyoratut and the 47-year-old head of the infectious Diseases Department within the local central district hospital who died yesterday. According to the Deputy Minister the 1st case of the disease was reported in the village of Ziyoratut on 27 Jul 2009. "Up to the present, 5 persons have been diagnosed with hemorrhagic fever and 3 of them died," said. Mirzoyev. "24 persons that were in contact with those who contracted the disease are currently under the care of physicians. Antiepidemic measures have been taken in Ziyoratut." No new cases of hemorrhagic fever have been reported so far, he added. The viral hemorrhagic fevers (VHFs) are a diverse group of animal and human illnesses that are caused viruses classified in 5 different families of RNA viruses: the _Arenaviridae_, _Filoviridae_, _Bunyaviridae_, _Togaviridae_, and _Flaviviridae_. All types of VHF are characterized by fever and bleeding disorders and all can progress to high fever, shock and death in extreme cases. Some of the VHF agents cause relatively mild illnesses, such as the Scandinavian nephropathia epidemica, while others, such as the African Ebola virus, can cause severe, life-threatening disease. The _Arenaviridae_ include the viruses responsible for Lassa fever and Argentine, Bolivian and Venezuelan hemorrhagic fever. The _Bunyaviridae_ include the members of the genus _Hantavirus_ that cause hemorrhagic fever with renal syndrome (HFRS), Crimean-Congo hemorrhagic fever (CCHF) virus classified in the genus _Nairovirus_, and Rift Valley fever (RVF) virus classified in the genus _Phlebovirus_. Ebola virus and marburgvirus are included in the family _Filoviridae_. The family _Flaviviridae_ includes dengue, yellow fever, and 2 viruses in the tick-borne encephalitic group Omsk hemorrhagic fever virus and Kyasanur Forest disease virus. (Viral Hemorrhagic Fever are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (KYRGYZSTAN): 07 Aug 2009, The town of Aksy [actually Semet village in Asky region] in southern Kyrgyzstan, along with the surrounding district, has been quarantined following an anthrax outbreak that has infected at least 5 people, the country's health ministry said. The disease spread after meat from an infected cow that had been slaughtered without a veterinary inspection was sold to locals, the ministry's press service told RIA Novosti. "According to data from the national center for dangerous infections, anthrax infection has been confirmed for 5 residents of the Aksy district following tests," the press service said. All of them are currently in a satisfactory condition. Another 12 patients, who had come into contact with the infected people, are being examined and are receiving prophylactic treatment. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

PLAGUE, PNEUMONIC (CHINA): 05 Aug 2009, As of late Tuesday [4 Aug 2009], 12 cases of pneumonic plague have been confirmed in Xinghai County in the Hainan Tibetan Autonomous Prefecture of northwest China's Qinghai Province. The cases include 3 deaths, 1 near death, and 1 in serious condition. The others are stable. Local government has sealed off and quarantined the town of Ziketan, the source of the outbreak and provincial health authorities have deployed a team of experts to the area. There has been no report of new infections. At present, 218 people are quarantined in hospital, and 115 of them had been in close contact with those infected. Local authorities have handed out more than 40 000 leaflets and disks on plague prevention. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (INDIA): 05 Aug 2009, An outbreak of chikungunya has been reported in some parts of Rameswaram [Tamil Nadu state]. A team of entomologists, who visited the island a few days ago and collected blood samples from affected persons, has also confirmed the outbreak. V Uma Maheswarai, deputy director, Health, Ramanathapuram, told 'The Hindu' on Tuesday [4 Aug 2009] that as many as 55 patients were screened to find out the cause and types of fever. Most of them tested positive for chikungunya [virus infection]. One patient tested positive for dengue fever. One was affected with malaria. Enormous breeding of mosquitoes in and around Natarajapuram area was said to be the main cause for the outbreak of chikungunya and other diseases. Based on the directive of the collector TN Hariharan, fogging and spraying were done with the support of the Rameswaram Municipality. A team of doctors and health officials had been asked to closely monitor the affected areas and patients. The diseases had been brought under control. There were reports that patients were improving, officials said. Fogging would be undertaken in nearby localities, including Verkodu and other fishermen hamlets also, in order to prevent the spread of diseases. Health officials had been directed to take preventive steps in all vulnerable areas. The deputy director said that the mosquitoes, which were causing [transmitting] chikungunya disease [virus], multiplied in pure water kept in the open for several days. Those storing water for many days should properly close the vessels and should not provide any opportunity for breeding of mosquitoes. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, BOVINE (GERMANY): Aug 3, 2009, On 20 Jul 2009, for the 1st time since the year 2000, anthrax was confirmed by the LGL (Bavarian Institute for Health and the Safety of the food chain). Cattle on 2 farms in Southern Bavaria (Rosenheim, close to the border with Austria) have been found to be infected. A total of 4 heifers, grazing in fields separated only by a road, fell ill and died. Another animal has been euthanized at the Veterinary Clinic of the LMU in Munich. On post mortem 3 of the animals showed signs suspicious of anthrax which was later confirmed by LGL. The affected farms were put under restrictions; the animals had to be housed and quarantined. If no additional cases of

anthrax are detected restrictions will be lifted in 2 weeks. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (RUSSIA): Aug 3, 2009, 66 people sought medical care because of poisoning from 'shawarma' in Kaliningrad. All purchased the shawarma from a vendor on "April 9" St between 27 and 29 Jul 2009. In 27 cases, the diagnosis of salmonellosis has been confirmed. Appropriate agencies initiated an investigation. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (KAZAKHSTAN): 02 Aug 2009, The results of the suspected CCHF [Crimean-Congo hemorrhagic fever] outbreak investigation in the South of Kazakhstan have now become available. To recapitulate, in the city of Turkestan in early July [4 Jul 2009] a mother died after delivery as a result of hemorrhage and her newborn child did not survive. 3 doctors who operated on her died afterwards. A week later, physicians were still asserting that these 5 did not die as a result of infectious disease. However, now they accept that the cause was CCHF virus infection. Subsequently there has been no spread on infection beyond this group. Two days after the deaths of these individuals the head of the local department of Health was dismissed and the head of the obstetric hospital resigned. The doctors caring for the 5 cases were exonerated. The source of the outbreak was the mother but nobody could explain how she became infected. (Viral Hemorrhagic Fever are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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